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Exp. Mail Capel. No. Evaluation of transmission. 04/18/2005 22918 7590 PERKINS COIE LLP I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. P.O. BOX 2168 MENLO PARK, CA 94026 07/21/2005 RMEBRAH1 00000016 502207 10020671 Innea B. Kennel (Depositor's name) 1321.00 DA 79.00 OP 01 FC:1501 (Signature) 02 FC:8001 9.00 DA (Date) FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 12/12/2001 Shi-Kun Huang 10/020.671 3413 Adjustment date: 07/21/2005 RMEBRAH1 09/30/2004 AWONDAF2 00000078-100750 TITLE OF INVENTION: LIPOSOME COMPOSITION FOR DELIVERY OF NUCLEIC AČID 10020671 01-FC+1501-_1330:00 CR ISSUE FEE **PUBLICATION FEE** SMALL ENTITY TOTAL FEE(S) DUE APPLN. TYPE DATE DUE NO \$70 \$0 07/18/2005 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** KISHORE, GOLLAMUDI S 1615 424-450000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Perkins Coie (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE altornia, US ORPORATION ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed M Issue Fee (additional)

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